

**Work Order ID 61731**

Tuesday, August 31, 2010 3:09:24 PM



Page 1

Item ID: D205-634-011

Accept



Setup Start



Revision ID:

Stop



Item Name: Skidtube

Start Date: 8/31/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 9/13/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals:

Process Plan: HDate: 10-8-31

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

IIN D205-634

Rev F

100

0.00



DC

Memo

0.00

Document Control

Photocopy bluefile & type labels per PPP D205-634-011  
CHG 007

8/10/10/3

JF Just Brigitte 10/10/26

110

Pick Kit

0.00



Packaging

Memo

0.00

Packaging

C. 10/10/3 C

120

QC4- 100% Inspect kits for completeness

0.00



QC

Memo

0.00

Quality Control

8/10/10/3

P

B62840

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

**Work Order ID 61731**

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Item ID: D205-634-011

Accept

Setup Start

Revision ID:

Stop

Item Name: Skidtube

Start Date: 8/31/2010 Start Qty: 1.00

Cust Item ID:

Required Date: 9/13/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start

Stop

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130		0.00							
									
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D205-634-011								
	Location: <u>72</u>								
	PPP rev: <u>9</u>								
140	QC21- Final Inspection - Work Order Release	0.00							
									
QC	Memo	0.00							
Quality Control									

10/11/31

ck 10/11/02

mf  
10-11-3

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

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Page 1

Work Order ID: 61731

Parent Item: D205-634-011

Parent Item Name: Skidtube



Start Date: 8/31/2010

Required Date: 9/13/2010

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:P 02.08.28 Removed QC5 from Step 5 KJ  
 IPP Rev:Q 08-08-12 now @ chg 006 (DSI 9417) DD verified by:  
 IPP Rev R 09.01.28 now chg 007 DSI9417 revB EC verified by:

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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D205-634-041

Manufactured

No

110

Each

2.0000

1

1



Replacement Skidtube



62840

Location

Loc Qty

Loc Code

FG073

2

60743

1

60744

1

K10003

Manufactured

No

110

Each

4.0000

1

1



Saddle, D205-634-011



62712 8/11/13

Location

Loc Qty

Loc Code

PK

4

57963

0

60227

4

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries